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The impact of treatment on parental substance misuse and parenting capacity

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THE IMPACT OF TREATMENT ON PARENTAL SUBSTANCE MISUSE AND PARENTING CAPACITY

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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ABSTRACT

This study explores how parents' parenting capacity has been impacted by substance abuse and/or misuse treatment interventions within outpatient and inpatient settings. This study hopes to gain positive feedback on improved parental capacity as evidenced by the narratives retrieved from the parents who have gone through substance abuse treatment. Fifteen voluntary participants contributed to this study from various types of treatment programs within San Bernardino County. The data collected were composed of demographic questions and a qualitative interview inquiring about the parent's perspectives on the impact of treatment interventions on their parenting capacity. The major themes that emerged from the interview process provided an opportunity for researchers and the participants to fully explore how substance abuse treatment positively affected parenting. However, some participants were able to identify gaps within the substance abuse treatment system in which parenting capacity was unaffected or negatively affected.

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DEDICATION

We would like to dedicate this thesis to all individuals, children, and families who have been impacted and afflicted by the devastation resulting from substance abuse. Although the individual abusing drugs and alcohol may appear as though they are the only one suffering, we hope this thesis provides insight on how this problem is a family and social issue that requires family and social interventions. It is our aspiration that this thesis will instill hope in families and our society to battle the hardships of substance abuse.

To all of the women in my life; My grandmother for being the foundation of everything, my mother, if it wasn't for your struggles I may not have become the woman I am today and found my true calling in life, and my auntie for suggesting that I change my major from Sociology to Social Work and for always being my mentor and advisor in every aspect of my life. I love you all so very much for all of you are the makings of me. To my fiancé for always being my sounding board whenever I needed to vent about any and everything, I love you so very much and look forward to spending the rest of my life with you!

To my family and closest friends, for being supportive and encouraging me through every success and challenge in my education and as I begin my career as a Social Worker, I dedicate our thesis to you all. Because of your unconditional love, I am the individual I am today and proud to be your daughter, granddaughter, sister, aunt, niece, cousin, and friend. I would like to express my gratitude to six family members, in particular, who have kept me grounded and inspired me to become the compassionate person I am. Because of you… mommy, grandma, Chuck, Philip, Aunt Virgie, and Lissett, I know I am capable of being an awesome Social Worker. Thank you!

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CHAPTER ONE

INTRODUCTION

Research has shown that alcohol and drug misuse significantly amplify the possibility for negative family interaction and function (Redelinghuys & Dar, 2008, p. 38). The specific problem or issue of this study was to address how the impact of treatment for parents misusing and/or abusing alcohol and other drug(s) (AOD) has affected their parenting capacity. When under the influence of AODs, parenting capability can be greatly impaired, such that the parent consistently is unavailable to meet the emotional and physical needs of children (Nagle & Watson, 2008, p. 445). As a result children are at risk of poverty, physical and emotional abuse or neglect, and dangerously inadequate supervision. Additional risks include inappropriate parenting practices that can involve excessive physical discipline and/or unusual punishment, intermittent or permanent separation, inadequate accommodation, and frequent changes in residence are also areas of concern. Various research also includes toxic substances in the home, social isolation, exposure to criminal or other

inappropriate behavior, drug use, social stigma, unsatisfactory education, and overall mental health distress are possible risk factors for children of parents with AOD misuse and/or abuse problems as well (Bernard & McKeganey, 2004; Advisory Council On the Misuse of Drugs, 2003; Redelinghuys & Dar, 2008).

Problem Statement

In order to better conceptualize this social problem as a whole, research in this area has defined key terms for parental drug misuse. The term substance misuse or abuse is now by and large understood to refer to alcohol, drug or multiple drug use "which leads to social, physical, and psychological harm and consequences both for users and those closest to them" (Taylor, Toner, Templeton, & Velleman, 2008, p. 844). Problem drug misuse or abuse is described as the use of multiple drugs and is strongly associated with socio-economic deficiency and other factors that may affect parenting capacity (Advisory Council on The Misuse of Drugs, 2000). In reference to parenting capacity, this term is defined as "the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and

adequately responded to, and to be able to adapt to the child's changing needs over time" (Social Care Institute for Excellence, 2005, p. 2).

Studies indicate that 11% or almost 8.3 million children living in the United States reside with at least one parent who abuses alcohol or other drugs (Choi & Tittle, 2002, p. 5). The issue of parental substance misuse has become not only a social problem in the United States, but worldwide in other countries such as the United Kingdom. This problem has raised concerns in multiple systems including the immediate and extended family involved and social services agencies.

When a parent or primary caregiver has become impaired by a substance addiction, the impact spreads beyond the user. As it has been previously discussed, the children of the user are negatively affected. Additionally, possible members of the family who are also affected by the problem may unknowingly take on various roles like the enabler, mascot, or scapegoat as a means of coping with the AOD problem within the family.

Systems of social services aimed at supporting and alleviating the problem of parental AOD misuse include Children and Family Services (CFS) also known as child

welfare, physical and mental health care, education, judicial system, and foster care to specify a few. Thus, practitioners and professionals within these social service agencies share a common concern in working towards the creation and implementation of treatment and interventions to increase the overall well-being of families affected by this particular social problem.

In addressing the social problem of parental drug misuse and/or abuse on a macro level, many states in America have now expanded their statues and definitions of child abuse or neglect to include prenatal drug exposure otherwise known as substance-exposed newborns (SENs) and child exposure by parents and other family members. Interestingly enough, the state of California has its own way of addressing this social problem. When SENs are born, child welfare agencies will only be notified if it is determined that the parent's capacity to appropriately care for the child is impaired due to their substance abuse (Child Welfare Information Gateway, 2009).

Additionally, macro level policies and procedures are highly coordinated and structured, in which state laws and statues respond to parental drug substance

misuse with specific well defined guidelines and penalties. The policies in place include the Child Abuse Prevention and Treatment Act (CAPTA), which holds states responsible for informing child welfare services of SENs and creating a safety care plan for the exposed infant(s) (Child Welfare Information Gateway, 2009). When parental capacity is impaired due to substance misuse and/or abuse and children experience a form of child abuse (neglect, physical, sexual, emotional), then child welfare services intervene and conduct a needs assessment to evaluate safety. As a result child welfare will need to determine if children's needs are being met and if children should remain in the current living conditions. This is especially significant in environments where children are exposed to criminal activity such as manufacturing, selling, providing drugs to a child, and using illicit drugs in the presence of children.

On the contrary, micro level practices are much less structured in the ways interventions are organized by each state, county, and city in response to parental AOD misuse and/or abuse as various micro approaches are utilized or underutilized to support the family unit. There is a lack of interagency networking among helping

professionals when addressing interventions to combat this ever-growing problem. There are a plethora of evidenced-based interventions to support children and families affected by parental drug misuse and/or abuse that researchers have identified over the last 10 years. Nevertheless, no consensus has been agreed on nor has any one intervention stood out as more effective than any other. Therefore, there is a great disconnect between macro level and micro level practices causing families to receive inadequate and inappropriate interventions and services. Consequently, this social problem continues to elude professionals and split families apart on a daily basis.

Purpose of the Study

This study assessed the parenting capacity of parents who have received various forms of substance abuse treatment and interventions throughout San Bernardino County. The study hoped to attain useful data on how these services have contributed to the parents' parenting capacity now that they are free from substance abuse and/or misuse.

Fifteen participants were interviewed in a qualitative approach to retrieve the data on how a parent's effectiveness to parent is influenced by their history of AOD misuse and/or abuse and their current sobriety supported by treatment interventions. This gave information regarding how the children and the family system have been afflicted by AOD misuse and/or abuse and alleviated by effective treatment of the misusing parent. The necessary information for this study was collected through 25 to 35 minute interviews. A self-constructed measurement through an interview format between the participants and the researchers elicited themes of substance abuse and treatment impacting parental functioning.

Significance of the Project for Social Work

By further understanding this problem, social workers and other helping professionals can decrease the disproportionate number of children, parents, and families that are not receiving adequate treatment as not all providers are sufficiently trained, aware of how to, and prepared to work with families afflicted with substance abuse or misuse. This speaks to the importance

of addressing policy and practice effectiveness regarding the referral process and integrated treatment approaches that can improve parental capacity and a child's well-being when substance abuse causes discord in a family. These concerning issues of policy and practice are also associated with negative child outcomes (Forrester & Harwin, 2006; Forrester & Harwin, 2008). Moreover, by better understanding this problem, social workers unconstructive attitudes, values, stereotypes and assumptions that spawn from a limited knowledge-base and expertise around drug and alcohol issues, and the tendency to understand all family behavior through the viewpoint of substance misuse will be redefined to adequately evaluate the needs and strengths of the family.

The perspective of substance misuse supports the belief that substance misuse generates poor parenting and that only parental absence and child removal is in the best interest of the child and family (Nagle & Watson, 2008). Therefore, the helping professions can better assist families impacted by AOD misuse by implementing a specific treatment plan that will build on appropriate support systems for parents and their children. In turn,

this will lead to improving parents with drug problems capability of caring properly for their children (Scottish Executive, 2006).

It has been suggested from a collectivist research point of view that there is a greater need for more interventions that treat the families as a whole instead of separating out the parent(s) and their substance misuse and/or abuse. Each member of the family system needs to be looked at and their individual needs should be accounted for in the treatment plan when working with families impacted by parental substance abuse and/or misuse. Implementing these forms of interventions can lend itself to reducing recidivism when parents learn healthier coping skills to reduce stress brought on by the family and other environmental factors. Furthermore, possible dangers surrounding children will be greatly alleviated and possible psychological problems will be effectively treated and addressed.

Based on the generalist intervention process model, this study informed the phases of treatment planning, treatment implementation, and treatment evaluation of parenting skills to improve parenting capacity of parents in recovery from substance misuse and/or abuse. By

assessing the parents' view of the treatment process in the context of their parenting capacity or style, this study gained a firsthand account through the interview process, of how services focused on parenting for this population are effective and beneficial to the advancement of their parenting skills post AOD misuse and/or abuse. The question remains, is treatment effectively improving or addressing parental capacity that has been impacted by AOD misuse and/or abuse?

CHAPTER TWO

LITERATURE REVIEW

Introduction

In the following chapter several articles pertaining to this area of research were explored in order to provide the reader with knowledge concerning the problem of alcohol and other drug (AOD) misuse and its impact on the family system. Five areas of research were considered in further developing a competent understanding of this problem. First, the history and incidence of child maltreatment as it relates to parental substance abuse was reviewed. Second, the child's experience of parental AOD misuse and how they are impacted was examined through empirical research. Third, research was reviewed in the area of improvement in parenting capacity through interventions. Fourth, research on social work implications and the professions role in treating and serving families distressed by AOD misuse was also addressed. Last, theories guiding conceptualization of this topic was considered.

History and Incidence of Child Maltreatment as it Relates to Parental Substance Abuse

According to Choi and Tittle (2002), adults with substance abuse problems are more than twice as likely as their counterparts to abuse or neglect their children. These authors suggest that more research should be done to distinguish and measure if parental substance abuse and/or misuse are a direct contributing factor to child maltreatment. This is significant because it directly affects the method of treatment for the parent and family system; although, substance misuse and/or abuse may be a factor, other environmental factors need to be considered. According to the incidence and prevalence presented by Choi and Tittle, as far back as the 1990's there have been studies of substantiated cases of child maltreatment where 50% or more of them involved a parent with AOD problems (2002, p. 10). As a result, this issue has become a central characteristic in many child welfare cases.

As stated by Quintana (2006), parenting skills have been identified as a main issue in multiple community agencies dating back to the 1960's. Due to the fact that inadequate parenting skills can lead to day-to-day

stressors, this lapse in parenting capacity can create an environment of regular maltreatment for children. Furthermore, children exposed to parental AOD misuse and/or abuse are at a higher risk of developing mental health issues of depression, anxiety, and cognitive and verbal deficits, in which these children have an increased chance of turning to substance abuse and/or misuse as a means of coping (Quintana, 2006, p. 2).

The Child's Experience of and Impact from Parental Alcohol and Other Drug Misuse

To begin with, Kroll (2004) takes a collection of articles and studies aimed at identifying the common experiences and themes that occur within families afflicted by parental substance misuse and how these experiences especially impact the family system at the child's level. The themes and categories collected by Kroll's research from seven articles included the following:

> denial, distortion, and secrecy; attachment, separation, and loss; family functioning, breakdown, and conflict; violence, abuse, and fear; role reversal, role confusion, and the child as the carer; what children said they needed; chaos and

> control; children's roles; coping strategies; a model for problem-solving; implications for friendships; and the benefits of having a substance abusing parents. (2004, p. 131-132)

Furthermore, the article stresses the importance that the child is heard and understood in the way the child makes meaning of the situation in order for the child to feel as though they can be helped and that their problem will be adequately addressed.

Furthermore, in 2007, Kroll compiled a literature review on how family placements are often common when parental substance misuse issues result in children being removed from the care of their parents for numerous negative outcome factors. Kroll examines how substance misuse can impact the family system on a larger scale and how child development and attachment can be an area of concern despite the protective factor of increasing the child's support system by placing the child in the care of a relative (2007, p. 86). Research gathered for this article suggests that parental substance misuse does not develop in isolation and tends to perpetuate even with the knowledge of protective and supportive family members that may assume the care taking role once a child is

removed from their parents, which causes complex feelings within family systems of guilt and blame. Often children of AOD parents have developed a disorganized attachment due to the parenting style influenced by the substance misuse, which can cause a child to be unable to regulate and soothe their own emotions as well as not want to attach to their caregiver as a safe a stable adult. Kroll addressed the fact that many family caregivers may not be emotional ready to take on the responsibilities (again) as a parent but feel quilted into doing so in order to preserve the family unit (2007, p. 88).

Barnard and McKeganey (2004) focus on reviewing previous literature in the United Kingdom and the United States regarding parental drug use and how it impacts children's physical, emotional, and psychological growth and development. Barnard and McKeganey explain that it is difficult to determine the level of impact drug abuse has on a parent's ability to effectively parent as there are several socio-environmental factors to consider (2004, p. 553).

According to Barnard and McKeganey, a healthy parent-child relationship is impaired when parents are unable to respond attentively and with warmth to a

child's emotional needs due to problematic drug abuse (2004, p. 554). A parent's parenting capacity can be impaired in several profound ways, but it is dependent on the type of drug due to characteristics that are specifically expressed by each drug. Poor parenting skills of harsh physical punishment, inconsistent limit setting, and disengaged attitudes can lead to a child developing an insecure and/or disorganized attachment with their parent. Research has shown that a children impacted by parental substance abuse tend to have increased rates of social and school problems as well as negative behaviors expressed internally and externally leading to possible psychopathology.

Barnard and McKeganey were able to draw conclusions for interventions that can help parents improve their parenting capacity and positively affect their family system. These researchers point out a gap in interventions regarding how children are seldom the focus of treatment as many interventions expect that the child will receive trickle down benefits from their parents' involvement in services; therefore, treatment that recognizes the child's and parent's need for intervention is most helpful in changing the family system (2004,

p. 557). Furthermore, more research on support, involvement, and enablement from extended family and parent's partners/spouses needed to be considered.

Moreover, similar to Barnard and McKeganey (2004), a child's impact from parental AOD misuse was further researched by Dube, Anda, Felitti, Croft, Edwards, and Giles (2001). Their study assessed an adult child's experience of growing up with parental AOD misuse and focused on adverse childhood experiences (ACEs). ACEs are defined by criteria of abuse, neglect, and home environment dysfunctions (domestic violence and substance abuse).

This study selected adult participants to complete an ACEs survey regarding their experiences during childhood due to growing up with a family member identified as a problem drinker or alcoholic. All of these factors were assessed and analyzed based on the ACEs survey: verbal abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, battered mother, and household substance abuse, mental illness in household, parental separation or divorce, and incarcerated household member. Results indicated that children of parents who abused alcohol were more negatively impacted

given multiple ACEs that occurred during their childhood (Dube et al., 2001, p. 1636).

Due to their findings, Dube et al., suggests that there are significant implications for social service delivery and healthcare services (2001, p. 1638). Furthermore, treatment staff for alcoholic parents should be alerted to co-occurring risk factors of child abuse, neglect, and domestic violence to support the needs of the entire family. Also adult children affected by ACEs may have long-term consequences in which the adult is still dealing and coping with the ACEs impact on their life functioning.

In another study directed at better understanding a child and family's impact by AOD misuse, Christoffersen and Soothill conducted a cohort study based on secondary analysis data gathered from children born in 1966 (2003). The researchers wanted to observe these children and their parents during the child's adolescent years to early adulthood (1979-1993) by following these families through databases of government registers based on health, schooling, family division, suicidal incidents, drug addiction, mental health, other behaviors related to criminality, and periods of unemployment. The goal of the

study was to analyze how a parent's abuse of alcohol negatively impacted a child during their identity developmental years as they become defused from family and attach to peers. This research approach has provided researchers and practitioners in this field with tools in identifying how risk factors associated with parental alcohol abuse can judge consequences impacting the child.

Overall, the findings of this study illustrates how parental alcohol abuse can cause child risk factors of self-damage, be responsible for damage towards others, have limited access to resources, witness parental violence, and elevate rates of family separations and foster care intervention (Christoffersen & Soothill, 2003, p. 112-114). More importantly, these consequences from the risk factors prove to have significant long-term effects rather than short-term effects.

Improvement in Parenting Capacity through Interventions

Given that the child's experience of parental AOD misuse and/or abuse can have a significant impact on a child's development, Suchman, Pajulo, DeCoste, and Mayes (2006) examines the zero to five population and the interventions that assist a child's resiliency. It has

been well documented that prenatal drug use has possible negative outcomes for a child's development; however, more recent research suggests that the stability of the home environment in the first five years of a child's life can have a vital influence on their development as well. This is evident because in the first five years of life a child's relationship with the parent is dependent on the parent's ability to fulfill the child's needs of self-regulation, autonomy, and a healthy attachment (Suchman, Pajulo, DeCoste, & Mayes, 2006, p. 211).

To better address the social problem of parental AOD misuse and/or abuse practitioners should implement interventions that aim at parenting insufficiencies. A new approach as cited by Sauchman, Pajulo, DeCoste, and Mayes (2006), focuses on attachment theory as opposed to cognitive behavioral and psycho-education interventions that have been used in the past to address parental AOD misuse and/or abuse. The former interventions were focused on correcting the maladaptive parenting skills and behaviors of the child, while the attachment-based intervention attempts to improve the relationship between the child and the parent. The purpose of attachment-based interventions are to nurture "flexibility and emotional

openness in mothers' mental representations of their children, a greater capacity to make accurate inferences about their children's emotional needs, and sensitive responses to children's emotional needs" (Suchman, Pajulo, DeCoste, & Mayes, 2006, p. 212). These specifications can be achieved through developing a therapeutic relationship with the parent and helping them to improve parenting capacity and attunement with child's emotional needs.

In addition this research indicates that parents participating in treatment with a focus on parenting are more likely to abstain from using AOD substances. Consequently, interventions have shown increases in maternal adjustment such as a decrease in depression, parenting stress, and potential for child abuse, and/or maternal substance abuse; however, they were not successful in nurturing measurable improvement in mother-child interactions or promoting child development Suchman, Pajulo, DeCoste, & Mayes, 2006, p. 218).

Taylor and Kroll (2004) consider barriers to the engagement process and how that impacts the effectiveness of treatment interventions. In this qualitative study, social workers who directly work with families affected

by parental substance misuse were interviewed in order to discuss the range of challenges endured by these professionals during the phases of engagement and assessment, as well as, confidentiality, and obtaining knowledge on the child's perspectives (2004, p. 1120).

In the area of engagement, the themes of the client's fears of disclosure were discussed as well as families having poor understanding of how the substance abuse has or is impacting their family. It was reported in the study that professionals often have difficulty exploring parenting capacity and tend to parent the parent, which can create a dilemma in service delivery. The study points out that there is a need for practices in child welfare to adopt models, and integrate mental health and/or alcohol and other drug specialists to best support this population's needs (Taylor & Kroll, 2004, p. 1129).

In relation to Taylor and Kroll's (2004) study, a comprehensive qualitative study, by Taylor, Toner, Templeton, and Velleman (2008), attempts to explain and discuss barriers to engaging with families that are impacted by parental alcohol abuse and how micro practitioners can better meet the needs and connect to

this population. These researchers presented an evaluation data set from Family Alcohol Service (FAS) which is a program that uses a solution-focus therapeutic model to engage with families that are labeled as resistant to services. Furthermore, Taylor, Toner, Templeton, and Velleman (2008, p. 848) describe in detail barriers to the engagement process as reported through literature, such as secrecy, confusion, denial, ambivalence, disorganized schedules learned through drug use, negative professional views of client expectations, stigma, and trust. The sample gathered in this study had common barrier themes of domestic violence, grief and loss, and involving children in adult problems and situations. However, this study demonstrated how the FAS program is effective at engaging with families as it normalizes the struggles experienced by these family units impacted by parental alcohol misuse. The key intervention in this model was empowerment (2008, p. 845).

Social Work Implications and Professions' Roles in Treating Family Alcohol and Other Drug Misuse

The Advisory Council on the Misuse of Drugs (2003) gathered data and information regarding how parental AOD misuse can cause serious harm to children as the council examined short and long term consequences for the child's development. Their report entitled, "Hidden Harm" explains that adequate and effective treatment for an AOD parent can benefit the child by reducing risk factors of abuse, neglect, social isolation, etc. This report placed significance in the connection to the systems available for health, social care, education, law enforcement, and other social services aids in addressing AOD misuse in families. The council sites that problem drug abuse in the United Kingdom is distinguished by poly drug use, and associated with low socio-economic-status (SES) deprivation that contribute to affecting one's capacity to parent. This report supports the need for research studies to be developed and implemented to help professionals in this field better understand how AOD misuse impairs a parent's capacity to care for their children's safety as well as evaluate the effectiveness of treatment and interventions that are intended to

alleviate the family's needs (The Advisory Council on the Misuse of Drugs, 2003, p. 10).

Moreover, Karoll and Poertner (2002) identified how challenging it can be for parents to learn effective parenting skills while overcoming addiction and dealing with systemic issues associated with regaining custody and reunifying with their children. Karoll and Poertner discuss systemic problems of how ethnicity and socioeconomic status affect the process of reunification, in which minorities and impoverished parents encounter more struggles due institutionalized discrimination (2002, p. 252). Also considered are the influential factors of social attitudes, relapse, and individual and family history when making the decision of reunification.

In this study focus groups composed by judges who hear juvenile cases, substance abuse counselors, and child welfare caseworkers identified factors and themes they used to determine decisions in the reunification process. The study highlights how each group of participants look closely of differing themes and how each group of professionals were not entirely aware of one another's role in the process of reunification of parents and children. This leads to the implication that

more collaboration between these groups needs to occur in order to assure specific characteristics that indicate the parent's readiness or improved parenting capacity is identified. This article raises concern that two of the three professional groups (judges and child welfare workers) that work with AOD misusing parents are often quick to penalize parents rather than address rehabilitating the parent or helping the family to recover (2002, p. 266). This in turn questions if substance abuse treatment programs are doing all that is possible to prepare parents to improve parental capacity and awareness as it relates to family unification.

On the contrary to this, Forrester and Harwin (2006) state that the lack of involvement of substance misuse professions along with social workers has vital implications in the sense that a collaboration between the two seems promising, it will not be enough. Forrester and Harwin believe it is crucial that child care social workers have the understanding and skills to work with and assess substance misuse themselves (2006, p. 333).

Forrester and Harwin (2008) analyzed child welfare social work cases concerned with placement and child welfare outcomes based on the adverse consequences of

parental misuse of drugs or alcohol. The study attempted to answer these issues: a child's living arrangement after two years of being referred, their level of development, factors involved with a child remaining in or being removed from home, and what protective factors impacted a child with positive welfare outcomes versus a child with poor outcomes. Types of substance misuse incidents were handled differently involving the placement of a child, as alcohol abuse warranted less severe repercussions in placements as children usually remained in the home. Moreover, results from this study show that a child is more likely to be removed from their parent's care over time as the substance misuse goes untreated. As suspected, a child who was placed in alternative care/placements with family or foster care had more positive welfare outcomes, than children who remained in the home with substance abuse impacting their environment and parental capacity (Forrester & Harwin, 2008, p. 1528).

Unfortunately, this study exposes the fact that child welfare social workers may lack effective training and interventions for families impacted by substance misuse based on inadequate procedures to protect the

child from harm, especially concerning the risk factor of domestic violence. This problem in training is greatly connected to poor welfare outcomes. There is a vast menu of social worker implications resulting from this study that addressed gaps in service and referral delivery to best meet the needs and risk factors for children impacted by parental substance abuse.

In 2008, Nagle and Watson performed a study in Islington at drug and alcohol treatment centers to assess the problem of how children who grow up in environments with parental AOD misuse are exposed to possible issues of abuse such as, neglect, witnessing domestic violence or other violence, physical harm, social isolation, and stigma. This study found that outcomes for such children are frequently poor as their education is problematic, as is removal from their family, and behavioral development is negatively impacted. Nagle and Watson explained that AOD misuse in families is a problem that accounts for the majority of childcare social workers' caseloads (2008, p. 446).

In Islington, the goal in intervening is having the social workers link adult AOD treatment services with children's health and social care services. Furthermore,

the researchers explain that work is to coordinate AOD treatment of parents with meeting the safety needs of their children, thereby, supporting the strengths of the family system. Moreover, this article offers a solution in discussing the need to create interagency referrals and care linkages for AOD parents and their children as well as dissolving stereotypes associated with families afflicted by AOD misuse.

Theories Guiding Conceptualization

There are several theories to be taken into account when addressing the social problem of parental capacity negatively impacted by parental substance abuse and/or misuse. Because the term parental substance abuse implies that children are involved, all professionals working with people afflicted by this situation must look through the lens of family systems theory in order to fully comprehend how all individuals are impacted by this problem. Family systems theory views all members within the family as having equal roles in affecting one another's life in both negative and positive ways; therefore, when a parent is misusing substances, the harm is felt across the family unit including the children.

This is especially the case when a parent's ability to function effectively as a parent is impaired due to AOD problems and the needs of their children are not being met.

As a result, system's theory assisted in guiding this study by putting into context how to conceptualize the problem being addressed by this research. Research has indicated how this family system's problem can affect the home environment, child-care needs, parent-child relationships, and the child's behavior. The home environment can become most unstable following a period of recovery or decrease substance use. In this cycle, a parent may relapse and the child's needs of safety, supervision, nutrition, hygiene, and medical/health interventions are neglected. Further, a child may have access to hazardous substance (the parent's drug of choice). Additionally, a child is at greater risk for abuse in regards to sexual and physical. All these risks, especially neglect, can lead to the repercussion of child welfare services intervening (Barnard & McKeganey, 2004, p. 553). These negative outcomes and risk factors impact the entire family unit, which is why an intervention involving the treatment of the family is often utilized.

When a parent's parenting capacity is limited the attachment to their children is placed at risk. Thus the theory of attachment is significant to consider when addressing parental AOD problems, as attachment in children with AOD parents can often become disorganized leading to emotionally unregulated children (Kroll, 2007; Suchman, Pajulo, DeCoste, & Mayes, 2006). Poor parenting skills of harsh physical punishment, inconsistent limit setting, and disengaged attitudes can lead to a child developing an insecure and/or disorganized attachment with their parent (Barnard & McKeganey, 2004, p. 554). When a parent's ability to effectively parent is incapacitated, a child is not able to bond to a parent and feel safe, which will further create conflicts in emotional development and the family system. Once a parent can improve parental capacity through treatment, there is a better opportunity to enhance the parent-child relationship and re-establish a healthy attachment to build on security and trust within the family system.

Summary

In closing, this chapter focused on reviewing pertinent literature that addressed and was related to

the problem of parental substance misuse and/or abuse as it negatively impacts the family unit and parenting capacity. This chapter was able to describe in detail how this social problem creates themes of concerns within family systems as well as long lasting relationship damages within parent-child interactions. This effect directly gives attention to the need for specific treatment interventions and professional roles that determine how the family unit will be helped following the lapse in parental capacity due to parental AOD misuse and/or abuse. Even with this vast menu of research presented, it was evident that more studies need to be conducted in the area of evaluating successful family interventions that address enhancing parental capacity in order to strengthen the parent-child relationship that has been hindered, as opposed to treating AOD problems in isolation to the family system.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the type of research method implemented to explore the parenting capacity of parents who have received various forms of substance abuse treatment and interventions throughout San Bernardino County. The sampling method for this study will also be conversed as well as the interviewing technique used to collect the valuable perceptions of the parents who have received treatment. The protection of human subjects is explained in terms of maintaining privacy and confidentiality of the participants in the study. Last, the qualitative analysis section will describe the procedures used to answer the research question.

Study Design

The purpose of this study was to explore the parenting capacity of parents who had received various forms of substance abuse treatment and interventions. A qualitative research approach was applied in order to gather information on how these parents' parenting

capacity had been affected by their substance abuse history and their present recovery positively impacted by treatment interventions. It was hoped that interviews provided a detailed narrative of the parents' perceptions on growth in their ability to effectively parent their children. The purpose of using a qualitative design in this study was that it gave the parents a voice and built on their awareness of how their past and present circumstances related to possible parenting improvements resulting from treatment.

As described in Chapters One and Two, implications of the study included evaluating effective treatment methods for families afflicted by parenting substance misuse and/or abuse. In conduction of this study, the revealed limitations included the following: small sample size and no agency input. This study hypothesized that there was an existing relationship between improved parental capacities as evidenced by developed parental skills due to treatment interventions. The study hoped to find that parents who had received treatment for their substance abuse and/or misuse would be able to share positive narratives regarding their parenting capacity.

Sampling

The data were obtained from fifteen parents who had received substance abuse and/or misuse treatment through various treatment programs throughout San Bernardino County. Participants were diverse in age, gender, ethnicity, and history of substance abuse. Contact was made between the researchers and the participants by distributed flyers at a local San Bernardino County Community College, which detailed the nature of the study. This led to a snowball effect as participants from the community college informed other parents, meeting the criteria of the study, about purpose and benefits of participating in the study. These parents then contacted the researchers at their own discretion to schedule an interview. To further place participants at ease in maintaining their confidentiality, the researchers explained through the consent process that the interviews would be conducted in privacy without the presence of any agency related staff members that were a part of their past direct treatment.

Data Collection and Instruments

The interviewing instrument was comprised of six demographic questions which inquired about participants' age, gender, ethnicity, number and ages of children, as well as the type of substance abuse treatment. Following the demographic questions were six open-ended questions. The open-ended questions were used to build on the participants' narrative responses, so that the researchers could better understand the parenting capacity in terms of the relationship to their children and their circle of support as they strengthened their family unit and sober living. For the purposes of this study, the dependent variable was parental capacity as defined by the parents' ability to improve parenting skills, strengthen or build healthier attachment with their children, and appropriately cope with various stressors.

The researchers created this interview instrument to be sensitive to the participant considering the subject content. The instrument was constructed as non-judgmental in order to prevent the participants from feeling blamed and shamed for poor parenting in the past due to parental AOD misuse and/or abuse. Because the tool was

nonjudgmental, the impact of the interview did not appear to cause harm to the vulnerable participants and this was a significant strength of the tool. The instrument tool was tested at face validity by being reviewed and provided with feedback by multiple licensed clinical social workers. Unfortunately, the interview instrument was not utilized consistently to measure parental capacity and produced limited findings useful for research in this field of practice and treatment. Refer to Appendix A for the instrument used during the interview process.

Procedures

Each interview began with the researchers introducing themselves as graduate students in the School of Social Work at California State University, San Bernardino. The researchers also identified the purpose of the interview and presented the participant with the name and all contact information of the research advisor should the participants have any questions or concerns in regards to the study. Each participant was given a choice to contribute to the study as well as discontinue contribution at any time without reprisal. The

researchers explained to each participant that the results would be analyzed collectively and individual results would be unavailable for review.

Participants reviewed and signed, indicated by a letter "X", the Informed Consent form (Appendix B). As a means of incentive for the participant's time, a five-dollar gift card to Subway was provided. A Debriefing Statement (Appendix C), which participants were informed to keep, was provided and reviewed for participants that contributed to the interview narrative.

Protection of Human Subjects

The Informed Consent (Appendix B) that participants received consisted of providing details of the study's purpose, the proposed amount of time to complete the interview, and reassurance of confidentiality in order to maintain anonymity. Participants were asked to place an "X" as a means of giving consent for their participation. Participants were also asked to give consent to be audio recorded and assured that only the researchers would listen to the tapings. Researchers also advised participants not to divulge any identifiable information

about themselves or their children during their narratives.

The Debriefing Statement (Appendix C) distributed by the researchers conveyed appreciation for their contribution, reiterated the significance of the study, and stated when participants could expect to have access to the result of the study. In addition it provided the name and all contact information for the research advisor should the participants have any questions or concerns. Participants were also informed and encouraged to seek consultation from a provided list of resources should they experience any adverse effects from the interview process.

Data Analysis

The qualitative data gathered were used to confirm or dispute the hypothesis that there is a positive relationship between treatment and the improvement of parental capacity following a history of AOD misuse and/or abuse. After the interviewing process was completed, those narratives were transferred from auto recording to written transcripts. Following this, the researchers analyzed the data using a descriptive model

that included univariate and bivariate statistics such as frequency distribution. Base on the participants' narratives themes and narratives were collected from the data.

Summary

In conclusion, this qualitative research design sought to better comprehend the participants' experiences in parenting prior to and after substance abuse treatment, in order for researchers to evaluate parental capacity. Researchers were cautious to consider the ethics involved in interviewing and collecting data on categories and themes from this vulnerable population as thoroughly discussed in the sampling, procedures, and protection of human subjects sections. The conduct of this study was performed by the best interests of the participants. The data analysis is expansively shown in the results section for full description and detail of themes and categories that emerged from the interviews.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this study was to explore the parenting capacity of parents who had received various forms of substance abuse treatment and interventions. To analyze the participants' perceptions, qualitative data was collected via a narrative interview. The interview questionnaire contained six general demographic questions and six open-ended questions. This approach offered the opportunity for parents in recovery from alcohol and/or other drugs to voice their opinions regarding the effectiveness of inpatient and outpatient substance abuse treatment.

Presentation of Findings

Univariate analysis was utilized to define the demographic characteristics of the participants, which included age, gender, ethnicity, number of children, ages of children, and type of substance abuse treatment (see table 1).

A collection of 15 parents participated in the narrative interviews. The age of the participants was 31

to 56 years of age. Of the 15 participants, 60% (n = 9) were female and 40% (n = 6) were male. The participants embodied an ethnic majority of African American/Black and Caucasian/White, each representing 46.5% of the sample. One participant identified as Latino/Hispanic (7%).

The number of children per participant varied and ranged from 1 to 11 children. Ten participants (n = 10) identified as having 1 to 3 children (67%), four participants (n = 4) identified as having 4 to 6 children (26%), and one participant (n = 1) identified as having 11 children (7%). The ages of the children (n = 52) were categorized into Erikson's developmental stages and ranged from infancy to young adult (Lesser & Pope, 2007), (see table 1).

The majority of the participants (N = 7) reported having gone through inpatient substance abuse treatment. Two participants (n = 2) reported utilizing only outpatient substance abuse treatment services. Finally, the six (n = 6) remaining participants stated experiencing treatment episodes in both inpatient and outpatient substance abuse treatment facilities.

Table 1. Demographic Characteristics of Age, Gender, Ethnicity, Number of Children, Ages of Children, and Type of Substance Abuse Treatment

Demographic Characteristics	Frequency (n)	Percentage (%)
Age of Participants		
31-39	5	34.0
40-49	4	26.0
50-56	6	40.0
Gender of Participants		
Female	9	60.0
Male	6	40.0
Ethnicity of Participants		
African American/Black	7	46.5
Caucasian/White	7	46.5
Latino/Hispanic	1	7.0
Number of Children per Participant		
1-3	10	67.0
4-6	4	26.0
7-11	1	7.0
Ages of Children per Participant		
Infancy (0-18months)	4	7.7
Early Childhood (2-3years)	0	0
Preschool (4-5years)	3	5.7
School Age (6-11years)	2	3.8
Adolescence (12-18years)	10	19.2
Young Adult (19-40years)	33	63.6
Type of Substance Abuse Treatment		
Inpatient	7	46.0
Outpatient	2	14.0
Both	6	40.0

The six open-ended questions in the recorded narrative interviews were used to determine themes that

provided the researchers with participant perceptions and views on the effectiveness of substance abuse treatment within the context of parenting capacity. The open-ended questions were envisioned to empower the parents in recovery by encouraging parents to openly share their experiences in how substance abuse treatment positively or negatively addressed parenting capacity.

The first open-ended question (see Appendix A, question 7) stated: "Can you share how your parenting style is different now than before you were in treatment?" Five themes emerged regarding parenting style before and after substance abuse treatment (see table 2).

The first theme recognized in parenting style was "awareness" (n = 9), with participants reporting a lack of awareness prior to treatment and an increase in awareness after treatment. Eight participants (n = 8) described how their parenting style changed in terms of "understanding" their children. The third theme noted was a "change in priorities" (n = 6), as the participants' children became their main focus post treatment. Five participants (n = 5) expressed the theme of "increased family interaction" post treatment. Finally, two participants (n = 2) reported "no difference" in their

parenting style before and after going through substance abuse treatment. A frequent response to this question resembled the following participant quote, "I pay more attention to what is going on with my kids, whereas before it was whatever would keep them content and out of my hair; Now it's more focused on what is going on with them and their needs versus my own" (Participant 3, Personal Interview, March 2012).

Table 2. Parenting Style Differences Before and After Treatment

Parenting Style	Frequency (n)	Percentage (%)
Can you share how your parenting style is different now than before you were in treatment?		
Awareness	9	30.0
Understanding	8	27.0
Change in Priorities	6	20.0
Increased Positive Family Interaction	5	17.0
No Difference	2	6.0

The second open-ended question (see Appendix A, question 8) stated: "Can you share how treatment has helped you with parenting?" Seven themes arose from this question (see Table 3).

The majority of the participants (n = 8) reported "improved parenting skills". A theme of "drug education and insight on family impact" which directly relates to parenting capacity was identified by six participants (n = 6). One participant quoted the following, "Being in the parenting group helped me look at my previous parenting and what I need to do now; I realize the effect my abuse had on my children, there is no way for someone to be a good parent while using drugs" (Participant 15, Personal Interview, March 2012). The third theme centered on "improved decision making skills" as six participants (n = 6) described how treatment assisted in healthy parenting choices.

Table 3. How Treatment Helped Parenting

Parenting Help	Frequency (n)	Percentages (%)
Can you share how treatment has helped you with parenting?		
Parenting Skills	8	23.5
Drug Education and Insight on Family Impact	6	17.5
Improved Decision Making Skills	6	17.5
Sobriety	5	14.5
Not Helpful	4	12.0
Communication	3	9.0
Family Support	2	6.0

The fourth theme revealed how five parents (n = 5) through the acquisition of "sobriety" through substance abuse treatment supported parenting improvements. One participant stated, "Getting clean automatically improved my parenting" (Participant 8, Personal Interview, March 2012). The fifth theme found was that treatment was "not helpful" in regards to parenting for four participants (n = 4). The sixth theme was enhanced "communication" (n = 3) between parent and children. Lastly, the seventh theme was "family support", a total of two participants (n = 2) identified with this theme.

The third open-ended question (see Appendix A, question 9) stated: "Can you share how treatment has not helped you with parenting?" This question developed five themes (see Table 4).

More than half of the sample (n = 8) were "unable to identify" how treatment was unhelpful with improving their parenting capacity. Three participants (n = 3) referenced "no education of the different child stages of development". One participant was noted as saying, "They (treatment staff) really didn't help with adolescent developmental stage issues and parenting, progressing from child to teenager and all the situations you deal

with as a parent" (Participant 1, Personal Interview, March 2012). Two participants (n = 2) conveyed that "no parenting component was available" in their substance abuse treatment. The fourth theme noted was duration of treatment was limited, in which two participants (n = 2) shared how he duration of treatment was limited and ultimately inadequate to thoroughly address the issue of parenting capacity and substance abuse. The final theme of this question emerged when two participants (n = 2) identified "no integration of family involvement". Both participants believed their parenting could have been improved if they were given the opportunity to have their family involved in the treatment process.

Table 4. How Treatment did not Help with Parenting

No Parenting Help	Frequency (n)	Percentages (%)
Can you share how treatment has not helped you with parenting?		
None Identified	8	47.0
No Education on Child Stages of Development	3	17.0
No Parenting Component Available	2	12.0
Duration of Treatment Limited	2	12.0
No Integration of Family Involvement	2	12.0

The fourth open-ended question (see Appendix A, question 10) stated: "Can you share about your relationship with your children now?" From this question five themes developed (see Table 5).

Table 5. Relationship between Parent and Children

Relationship	Frequency (n)	Percentage (%)
Can you share about your relationship with your children now?		
Improved Communication	7	32.0
Improved Interaction	7	32.0
Unknown	4	18.0
Clear Boundaries	2	9.0
No Existing Relationship	2	9.0

Almost half of the sample (n = 7) recounted "improved communication" with their children after going through treatment. Seven participants (n = 7) stated "improved interactions" with their children post treatment. One participant was noted as saying "We are really close now; we share a lot and communicate better; when I was on drugs I had no concern for a mother daughter relationship" (Participant 1, Personal Interview, March 2012). The third theme identified by

four participants (n = 4) revealed that the current relationship between parent and child was "unknown". These participants reported unknown relationships due to the young age of the child during the occurrence of the substance abuse. Clear boundaries (n = 2) was identified as the fourth theme as parental role and child's role were no longer enmeshed or dysfunctional. These two participants referenced not having clear boundaries within their relationships with their children while they were abusing substances. The fifth and last theme identified was "no existing relationship", which two participants (n = 2) reported.

The fifth open-ended question (see Appendix A, question 11) stated: "Please share how your child responded or responds to changes in your parenting?" The responses to this question were compiled into six themes (see Table 6).

The first theme identified as a child's response to changed parenting was "trust" (n = 4). Four participants (n = 4) also indicated children became more "supportive" due to improved parenting. One participant specified, "They (children) want to be around me now, they have fun with me now" (Participant 5, Personal Interview, March

2012). A third theme as identified by three participants (n = 3) was "forgiving" as the parents felt their children were more forgiving of them. Another three participants (n = 3) expressed how their children responded with "anger" despite changes in parenting. Parents who had young children during their addiction and treatment (n = 3) were "unable to identify" how their children responded to them prior to treatment given no previous baseline. The final theme within this question presented how children responded with "displays of affection" towards their parents (n = 2).

Table 6. How Children Respond to Changed Parenting

Children's Response	Frequency (n)	Percentage (%)
Please share how your child responded or responds to changes in your parenting?		
Trust	4	21.0
Supportive	4	21.0
Forgiving	3	16.0
Anger	3	16.0
Unknown	3	16.0
Displays of Affection	2	10.0

The sixth and final open-ended question (see Appendix A, question 12) stated: "Has your circle of

support changed, by that I mean how your relationships with family are now as compared to before you were in treatment?" The responses to this question composed two themes (see Table 7).

A majority of participants (n = 9) described improved family relationships". One participant was noted as saying "I couldn't go to my family because they didn't trust me due to the substance abuse, but today I can reach out to them because they know I am clean" (Participant 8, Personal Interview, March 2012). The theme within the responses from this question was "positive consistency" in family relationships. One participant quoted "My family was always there to support me no matter what I needed" (Participant 3, Personal Interview, March 2012). Finally, two participants noted a negative response from family after going through treatment. One participant disclosed that their family relationships worsened after going through substance abuse treatment and another participant stated they had "no family support" before or after treatment.

Table 7. Changes in Circle of Support of Parent

Circle of Support	Frequency (n)	Percentages (%)
Has your circle of support changed, by that I mean how your relationships with family are now as compared to before you were in treatment?		
Improved Family Relationships	9	60.0
Positive Consistency In Family Relationships	4	26.7
No Support	2	13.3

Summary

Responses were compiled from fifteen face-to-face interviews. Audio recordings and notes were taken and then later examined for common themes in responses. The responses of the participants in this study presented common themes that provided feedback in the perspectives of parents in recovery and their views on the impacts substance abuse treatment had on their parenting capacity. These perspectives were studied in an attempt to comprehend if substance abuse treatment programs improved parenting capacity for parents in recovery.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the parenting capacity of parents who have suffered past substance abuse and undergone some variety of substance abuse treatment. The outcomes defined by the gathered themes of the study as well as the limitations that directly impact data collection and analysis will be covered in this chapter. This chapter will close with recommendations for social work practice and future research considerations addressing parental capacity impacted by alcohol and/or other drug (AOD) abuse and/or misuse and appropriate treatment interventions.

Discussion

Based on the findings from this research study it appears that substance abuse treatment has a positive impact on improved parenting capacity as determined from the themes based on the face-to-face narrative interviews. From the data analysis, researchers found that thirteen of the fifteen participants in the study had at least participated in inpatient treatment while

only two participants were involved in outpatient treatment alone. There seems to be a positive correlation between the parent's views and that treatment helped with parenting, independent of the type of treatment received. This study found that parents impacted by substance abuse had a positive outlook on their ability to effectively parent after the interventions of substance abuse treatment programs at both the inpatient and outpatient level.

The major themes that emerged from the interview process provided an opportunity for researchers and the participants to fully explore how substance abuse treatment positively affected parenting. However, some participants were able to identify gaps within the substance abuse treatment system in which parenting capacity was unaffected or had a negative impact. It is noteworthy to mention that there seem to be system lapses within substance abuse treatment based on a small number of participants expressing that there substance abuse treatment episode(s) had no bearing on their parenting capacity.

The overall findings suggest that a parent's parenting style improved post substance abuse treatment

interventions due to a high response that more awareness and understanding of a child's needs were gained. Narrative interviews revealed that parents who received decision making and parenting skills training, as well as education on the impact of substance abuse and/or misuse on the family, expressed that this intervention was supportive and enhanced their parenting capacity. Furthermore, substance abuse treatment programs seem to play a part in developing healthier communication and interaction within the parent child relationship. This finding also correlates with children of substance abusing parents responding with trust, forgiveness, and a supportive attitude towards parents. The main themes appear to have all emerged independently regardless of the method of treatment.

Limitations

Multiple limitations arose which possibly affect the given results and/or findings of the study. These limitations need to be considered when interpreting outcomes. The most obvious limitation was the small sample size which reflected restricted access to this population within San Bernardino County. Due to the

nature of the study, no agency input was available for collection. Despite researcher efforts, no agency was willing to collaborate with the researchers on this study. This in turn made it extremely difficult to access parents currently involved in treatment. Furthermore, researchers were unable to consider how the type of substance abuse treatment modalities and approaches affected parenting capacity. The duration of treatment was also not considered in the study and many participants were at varying levels within their recovery.

Moreover, limitations also include aggregate analysis which prohibited individualized results from being thoroughly analyzed within the group of participants. There was also a limitation in diversity amongst the participants' ethnicity as certain minority groups were under or not represented. Finally, although the ages of children were inquired, this information could have been better explored and discussed to gain better insight on where children were developmentally when their parent(s) were in their addiction.

Recommendations for Social Work Practice, Policy and Research

The social work profession should continue researching and exploring how family systems are directly impacted by parental substance abuse and/or misuse as parental capacity is impaired during addiction. The outcomes for the wellbeing of children are compromised when parents fail to participate in substance abuse treatment or receive ineffective treatment. Substance abuse treatment programs could improve by implementing an evidenced-base model that addresses and educates parents on child development in order for parents to tailor parenting skills based on the child's cognitive level at the onset of parental substance abuse and/or misuse and at the stage of recovery. This approach will empower parents to feel more competent in their parenting ability to address resistance and anger displayed by older children towards reintegrating parents.

A more integrative treatment approach which mandates a parenting component should be made available to those who self-identify as having children. This would include drug education, appropriate parenting skills based on child developmental stages, and family integration.

Integrating the family system will foster healthy family growth and support to better understand the effects of substance abuse all the family unit.

Conclusions

Overall, the findings of this study propose that parents with alcohol and other drug (AOD) histories have positive perceptions of the impacts of substance abuse treatment on their parenting capacity. As with many systems in San Bernardino County, there are still areas of improvement that need to be addressed in order to enhance the quality of services provided to parents with substance abuse problems. This study merely touches the surface of this societal issue. Therefore, additional research should be conducted that includes a more ethnically diverse sample and input from substance abuse treatment programs to gain a clearer interpretation of the benefits of integrative substance abuse treatment.

APPENDIX A

QUESTIONNAIRE

Research Tool: Interview Questions

Section A: Demographics

1. How old are you?
2. With what sex or gender do you identify?
3. With what ethnicity do you identify?
4. How many children do you have?
5. What are their ages?
6. What type of treatment have you participated in the past or currently?

Section B: Open-ended Interview

7. Can you share how your parenting style is different now than before you were in treatment?
8. Can you share how treatment has helped you with parenting?
9. Can you share how treatment has not helped you with parenting?
10. Can you share about your relationship with your children now?
11. Please share how your child responded or responds to changes in your parenting?
12. Has your circle of support changed, by that I mean how your relationships with family are now as compared to before you were in treatment?

Developed by DomMonique J. Knox & Jennifer L. Miller

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate will focus on finding out if treatment interventions for parents recovering from substance misuse and/or abuse improves their parenting capacity. Dommonique Knox and Jennifer Miller are conducting this study under the supervision Daniel Perez, MSW Adjunct Professor and Dr. Rosemary McCaslin, MSW Research Coordinator in the School of Social Work at California State University, San Bernardino. This study had been approved by the Institutional Review Board of California State University, San Bernardino. In this study you will take part in a twenty-five to thirty-five minute interview where you will discuss how your parenting capability has changed since receiving substance abuse and/or misuse treatment. Please note that your interview will be audio recorded; however, you have the option to not be recorded. By placing an "X" on the additional line below you are agreeing to be recorded for the purposes of this study.

By placing an "X" and dating the end of this document you agree with and fully understand the risks and benefits and that participating in this study is completely voluntary. You are also stating that you are over 18 years of age and know that you are free to choose not to take part, or stop at any point after taking part, or to not answer any question without fear of penalty. Any individuals involved in your treatment or current choice of community service intervention will not have knowledge of who took part in the study. By placing an "X", you are also declaring that you understand your documents will not be made known and will be conveyed in group form only. You are also declaring that you are aware that you will be able to get group results by asking for them at when the study's completed after September 2012.

If you have any questions or concerns about this study, please feel free to contact Dr. Rosemary McCaslin at (909)-537-5507.

PLEASE DO NOT SIGN OR WRITE YOUR NAME

The "X" in the space below states that I have read and understand this document, I am over 18 years of age, and freely agree to contribute in this study knowing that I can stop at any time.

_____ _____

"X" Here Date

The "X" in the space below states that you agree to have your interview audio recorded for the purposes of this study.

_____ _____

"X" Here Date

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

We would like to thank you for contributing to this study. The main reason for the study is to explore if substance abuse and/or misuse treatment has an effect on improving parenting capacity. These data will allow us to find out if there is a need to improve parent skills and education training in substance abuse and/or misuse treatment programs. It is our hope that this study will move towards a growth in parenting information for individuals in substance abuse treatment. If you have any questions or concerns about this study, please contact Dr. Rosemary McCaslin, at (909) 537-5507.

If those questions create feelings that you would like to discuss further with a counselor or therapist, please contact the following resources listed below. You can acquire the group results of this study from John M. Pfau Library at California State University, San Bernardino after the study is completed in September 2012.

County of San Bernardino, Department of Behavioral Health
http://www.sbcounty.gov/dbh/index.asp#

Crisis Walk in Center CWIC Rialto. 850 E. Foothill Blvd. Rialto, CA 92376 **909-421-9495** Monday thru Friday 8am to 10pm Saturdays 8am to 5pm Holidays 8am to 5pm	**Alcohol and Drug Services Administration** 850 E. Foothill Blvd Rialto, CA 92376 **909-421-4601**

YOU MAY KEEP THIS FORM

THANK YOU FOR YOUR CONTRIBUTION

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: DomMonique Knox & Jennifer Miller

2. Data Entry and Analysis:

   Team Effort: DomMonique Knox & Jennifer Miller

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: DomMonique Knox & Jennifer Miller

   b. Methods

      Team Effort: DomMonique Knox & Jennifer Miller

   c. Results

      Team Effort: DomMonique Knox & Jennifer Miller

   d. Discussion

      Team Effort: DomMonique Knox & Jennifer Miller